

The State of New Hampshire

_____ COUNTY

PROBATE COURT

IN RE: Guardianship of _____

DOCKET NUMBER: _____

PETITION AND AFFIDAVIT FOR EXPEDITED HEARING

(RSA 464-A:4, IV)

I/We, _____, under oath, hereby request an expedited hearing under RSA 464-A:4, IV, and hereby depose and say:

In my/our opinion, an expedited hearing for the finding of incapacity and appointment of a guardian of the person and estate, or the person, or estate, is necessary for the following reason(s):

IF THE PETITIONER IS A PHYSICIAN, PLEASE COMPLETE THE FOLLOWING.

1. I am a physician at _____,
located at _____.
2. I am the physician for _____.

Date: _____

Petitioner(s) or Physician Signature

THE STATE OF NEW HAMPSHIRE

_____ COUNTY

DATE _____

Personally appeared the above-named petitioner(s) or physician and took oath that the foregoing statements made are true according to his/her/their best knowledge and belief. Before me,

My Commission Expires _____
Affix Seal

Justice of the Peace/Notary Public

ORDER

Request for expedited hearing is: ☐ Granted ☐ Denied

Date: _____

Judge